P	ATENT AP			FEE DE e Octobe			N RECOR	D		1001	Q.S	145	
CLAIMS AS FILED - PART I (Column 1) (Column 2)									LEN		OR		
OTA	LCLAIMS	15	3					RAT	E	FEE		RATE	FEE
FOR				NUMBER FILED		NUMBER EXTRA		BASIC	FEE	370.00	OR	ASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			AIMS	8 minus 20=		•		X\$	)2		OR	X\$18=	
IDEPENDENT CLAIMS				5 minus 3 =		. 5		X42=			00	X84=	168
KULTIPLE DEPENDENT CLAIM PRESENT												4.280-	740
If the difference in column 1 is less than zero, enter "0" in column 2											•		900
H UIC								101	AL		Он	2	_
111	0/00	3	s AS Ai umn 1)	MENDED	47.	mn 2)	(Column 3)	SMA	W.	ENTITY	OR		
AMENDMEN! A		REM A	AIMS AINING TER IDMENT		NUI PREV	HEST MBER NOUSLY DFOR	PRESENT EXTRA	RA	NE	ADDI- TIONAL FEE -	•	RATE	ADDI- TIONAL FEE
	otal	· j	Q	Minus		7	- /	XS	9=		OR	X\$18=	
	dependent	·Ċ	3	Minus	***	3		.X4	2=		OR	X84=	1
F	IRST PRESE	ITATI	ON OF MIL	LTIPLE DE	PENDE	VT CLAIM		+14	10=			+280=	
											4		
~ ~	$\dot{\sim}$	~-			(0~	umn 2)	(Column 3)		FEE			ADUIT. PEE	
8 1	7)-4	RE	Lumn 1) LAIMS MAINING AFTER ENDMENT		HIK NU PRE	SHEST IMBER VIOUSLY ID FOR	PRESENT EXTRA		TE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE
3	[otal	•	) 🛇	Minus	* -		- /	XS	9=		OR	X\$18=	
AMENDMENT B	ndependent	• 4	=	Minus	•••	8	•	]   ×	2=			X84=	
٢	IRST PRESE	NTATI	ON OF M	JLTIPLE DE	PENDE	NT CLAIM			40-		1		
X	HMO:	-1	11							-	-	TOTA	_
η-	.4 .4				- 3				r, FEE		70	ADDIT. FE	E
AMENDMENTC	10-06	RE	SAIMS MAINING AFTER ENDMENT		NI PRE	lumn 2) GHEST UMBER EVIOUSLY UD FOR	PRESENT EXTRA	1	ATE.			RATE	
SME	Total		18	Minus	88	20		]   x	9-		OR	X\$18=	
EN L	Independent	•	5	Minus	***	5	-		12=	<b>†</b>	1	YOU	1
뎁	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							J  -			1		1
• H	the entry in col	ımn 1 l	s less than	the entry in c	olumn 2, 1	erite "O" in (	otumn 3.	<u> </u>	TOTA	-	-	101/	v.
	the Highest N	mber	Previously I	aid For IN 1	HIS SPAI	CE IS 1658 T	RATE   FEE   RATE   FEE   RASIC FEE   740.00						
											110.0	COLOTHICHT	AC CONNED

Application or Docket Number